



STATE FIRE MARSHAL PLAN REVIEW APPLICATION

State Fire Marshal's Office
118 Parade Street
Providence, Rhode Island 02909
Office 401-462-4200, Fax 401-462-4250

Date of Submission _____
Plan Number _____
Check Number _____
Amount _____

Five (5) complete sets of plans must be submitted along with this form. However only one (1) project manual and specification needs to be submitted. A plan number will only be given out when the plans, this completed form, and a check for the appropriate amount are submitted to this office. Plans are accepted on Mondays and Tuesdays between the hours of 8:30 a.m. and 12:00 p.m. When notified, plans can be picked up from this office located at 118 Parade Street, Providence, RI.

I Name of Facility _____ Facility Address _____

Facility Owner _____
Mailing Address _____
City _____ State _____ Zip Code _____ Telephone# _____ Fax# _____

General Contractor _____ RI License# _____
Contractors Address _____
City _____ State _____ Zip Code _____ Telephone # _____ Fax# _____

Fire Alarm Contractor _____ RI License# _____
Contractors Address _____
City _____ State _____ Zip Code _____ Telephone # _____ Fax# _____

Engineer _____ RI License# _____
Contractors Address _____
City _____ State _____ Zip Code _____ Telephone # _____ Fax# _____

Architect _____ RI License# _____
Contractors Address _____
City _____ State _____ Zip Code _____ Telephone # _____ Fax# _____

II **TYPE OF OCCUPANCY** (Mark x at all that apply for mixed use)

EDUCATION	_____	ROOMING HOUSE	_____	STORAGE	_____
MERCANTILE	_____	APARTMENT BLDG	_____	INDUSTRIAL	_____
BUSINESS	_____	HOTEL/DORMITORY	_____	DAY CARE	_____
HEALTH CARE	_____	BOARDING HOUSE	_____	TENT	_____
AMBULATORY HEALTHCARE	_____	DENTENTION/CORRECTIONS	_____		
RESIDENTIAL BOARD & CARE	_____	SPECIAL STRUCTURE (SPECIFY)	_____		
PLACE OF ASSEMBLY	_____				

IF Assembly specify approximate occupant load _____ For restaurants with occupant load < 50 use mercantile
Class A. > 1000 Class B. 301-1000 Class C. 50-300

Is this a change of occupancy? _____ YES _____ NO

III **TYPE OF WORK BEING PROPOSED** (Mark x at all that apply)

NEW BUILDING	_____	SQ. FT. PER FLOOR	_____	TOTAL SQ. FT.	_____
ADDITION	_____	SQ. FT. PER FLOOR	_____	TOTAL SQ. FT.	_____
RENOVATION	_____	SQ. FT. PER FLOOR	_____	TOTAL SQ. FT.	_____

Description of work being performed _____

IV **BUILDING CONSTRUCTION CLASSIFICATION** (SEE DEFINITIONS IN NFPA 220)

NFPA 220 TYPE:

TYPE I (FIRE RESISTIVE)	I (443)	_____	I (332)	_____
TYPE II (NON-COMBUSTIBLE OR LIMITED COMBUSTIBLE)	II(222)	_____	II(111)	_____
	II (000)	_____		
TYPE III (ORDINARY CONSTRUCTION)	III (211)	_____	III (200)	_____
TYPE IV (HEAVY TIMBER)	IV (2HH)	_____		
TYPE V (WOOD FRAME)	V (111)	_____	V (000)	_____

If unknown, write in IBC (International Building Code) construction classification _____ No. of stories _____

V **FIRE PROTECTION INFORMATION** (CURRENTLY IN PLACE)

Sprinkler System: FULL _____ PARTIAL _____ WET _____ DRY _____ OTHER _____ NONE _____
Standpipe System: FULL _____ PARTIAL _____
Fire Alarm System: LOCAL _____ MUNICIAPALLY CONNECTED _____ BOX# _____ HIGH RISE _____ BOX# _____

FIRE PROTECTION INFORMATION (PROPOSED)

Sprinkler System: FULL _____ PARTIAL _____ WET _____ DRY _____ OTHER _____ NONE _____
Standpipe System: FULL _____ PARTIAL _____
Fire Alarm System: LOCAL _____ MUNICIAPALLY CONNECTED _____ BOX# _____ HIGH RISE _____ BOX# _____

VI **OTHER INFORMATION**

Estimated cost of construction including MEP's _____, Estimated value of existing building: _____
Type of heating and / or air conditioning: ELECTRIC _____ GAS _____ OIL _____

I hereby certify that I have the authority to make the foregoing application, that the application is correct and that the owner of this building and the undersigned agree to comply with applicable fire codes of the State of Rhode Island.

Telephone # _____ Fax# _____ Print Name _____ Signature _____